FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	5-RC-242701		Date Filed 6/5/19		

\ .	NOFEIN	1011		١.	3-K	C-242/	01	0/3/17	
INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48:	he petition must be acco s named in the petition of	o mpanied b 1: (1) the pe	ry both a sh owing of in etit ion, (2) Statement o	nterest (see 6t of Position for	b below) and m (Form NLR	a certificat RB-505); an	te of service sho d (3) Descriptio	owing service on on of Representation	on
PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo	tioner desires to be certifie	d as represe	entative of the employed	es. The Petitio	ner alleges t	hat the foll	owing circumst	tances exist and	
2a. Name of Employer: Aggregate Industries			dress(es) of Establishme lair Road Harper			umber, City.	, State, ZIP code	e):	
3a. Employer Representative - Nan Terry Collins HR	ne and Title:	3b. Add Same	dress (if same as 2b - st	ale same):	<u></u>				
3c. Tel. No. 304-725-8411	3d. Cell No.		3e. Fax No.		31. E-Mail Ad	dress			
4a. Type of Establishment (Factory, r Quarry (Mine)	nine, wholesaler, etc.)		4b. Principal Product of Aggregate	or Service		Millvil			
5b. Description of Unit Involved: Included: All Full Time Em Unity, Lockerand Plant Ope Excluded:	•	,	·			39 6b. Do a su		er (30% or more)	
All Office, Clerical, Temp Check One: 7a. Request for rec on or about (Date) 7b. Petitioner is cur	cognition as Bargaining Re	epresentative	e was made on (Date) eceived, so state).	N/A	and	represe	employees in the ented by the Peti declined recognit	itioner? 🗵 Yes] No
8a. Name of Recognized or Certifie									
Bc. Tel. No. N/A	8d. Cell No. N/A		8e. Fax No. N/A		8f. E-Mail Address N/A				
3g. Affiliation, if any: N/A	-		h. Date of Recognition o I/A	r Certification	8i. Expiration Recent Cont	Date of Curact, if any	irrent or Most (Month, Day, Yea	ar) N/A	
9. Is there now a strike or picketing a	t the Employer's establish		olved? N/A				s are participating		
(Name of Labor Organization) 10. Organizations or individuals other	than Petitioner and those	N/A	tems R and 9 which has		<u> </u>		er since (Month,		
individuals known to have a repre									
10a. Name N/A	10b. Address N/A				10c. Tel. No. N/A		10d. Cell No. N/A		
					10e. Fax No N/A		101. E-Mail Add	ress	
11. Election Details: If the NLRB con	<u> </u>		e your position with resp	pect to any suc	1_	X Manua	l Mail [Mixed Manual/M	lail
11b. Election Date(s): 6/12/19	11c. Election 6am-9am		n-6pm		11d. Election Employe): /Break Roo	om	
12a. Full Name of Petitioner (includ International Brotherhood	of Boilermakers		753 Sta	ess (street and te Ave. Ka	ansas City	/ KS 661	(IP code): 01		
12c. Full name of national or internati International Brotherhood	ional labor organization of of Boilermakers,	which Petition Ship	oner is an affiliate or co p Builders, Black	nstituent (if noi csmiths, F	orgers and	d Helper	s AFL-CIO		
12d. Tel. No. 913-371-2640	12e, Cell No. N/A		12f. Fax No. 888-721-4047		12g. E-Mail / N/A				
13. Representative of the Petitione 13a. Name and Title: Steve Adair- Organizer	r who will accept service	of all pape	ers for purposes of the 13b. Address (street ar 753 State Ave. Ka	nd number, city	y, State and Z			•	
13c. Tel. No.	13d. Cell'No. 7 765-469-7817		13e, Fax No. 888-721-4047		131. E-Mail A sadair@t		kers.org		عد ا
I declare that I have read the above Name (Print)	e petition and that the sta		re true to the best of m	ny knowledge Title				Date	
Steve Alair		9 5 -C	. Idain		ganizer			6/3/19	9

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD RC PETITION

Case No. 5- RC - 2+30 58 Date Filed

Date Filed 6/10/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, <u>www.nirb.gov</u>, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party.

with the NLRB and should not b	•			ND 4012). The Sh	owing or inte	rest should only be med	
PURPOSE OF THIS PETITION: RC bargaining by Petitioner and Petitioner	-CERTIFICATION or desires to be	ON OF REPRESENTATI certified as representation	VE - A substantial number ve of the employees. The	Petitioner alleges th	at the following	circumstances exist and	
requests that the National Labor R 2a. Name of Employer	lelations Board		per authority pursuant to idress(es) of Establishment				
American Security Programs a wholly ow	vned subsidiarv	of Securamerica 18	381 Campus Commons Dri A Reston 20191-	ve suite 105	.,,	State, = <i>n</i> = 2226,	
3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same)							
Mark Phinney			1881 Campus Cor	mmons Drive suite 10	5		
3c. Tel. No.	3d. Cell N	lo.	3e. Fax No.		3f. E-Mail Addre	ess	
(703) 834-8900	(703) 898	3-1723	(703) 834-8947		mphinney@secur	americallc.com	
4a. Type of Establishment (Factory, mir.	ne, wholesaler, e	etc.) 4b. Principal pro	duct or service		5a. City a	nd State where unit is located:	
Security Systems & Serv	ices		Government Contract Se	ecurity		Rockville, MD	
5b. Description of Unit Involved						6a. No. of Employees in Unit:	
Included: See Attached Page 2 for ad	ditional details					8	
Excluded: See Attached Page 2 for add	ditional details					6b. Do a substantial number (30% or more) of the employees in the unit wish to be represented by the Petitioner? Yes [7] No [7]	
Check One: 7a. Request for	or recognition as	s Bargaining Regresenta	tive was made on (Date) 0	5/31/2010 and		ned recognition on or about	
.05/31/201	9(0	ate) (If no reply received			, ,	iod recognition on about	
8a. Name of Recognized or Certified			8b. Address	ootanoaant anao ano			
8c. Tel No.	8d Cell N	0.	8e. Fax No.		8f. E-Mail Addre	ess.	
8g. Affiliation, if any 8h. Date of Recognition or Certification					•	ate of Current or Most Recent (Month, Day, Year)	
9. Is there now a strike or picketing at th	ne Employer's e	stablishment(s) involved	? If so, approx	imately how many em	ployees are part	icipating?	
(Name of labor organization)		, has pick	keted the Employer since (I	Month, Day, Year)			
10. Organizations or individuals other th						other organizations and individuals	
known to have a representative interest	in any employe	es in the unit described	in item 5b above. (If none,	so state)		_	
40- N		N A 1 2		L 40a Tal Na		40d Call No	
10a. Name	10	b. Address		10c. Tel. No.		10d. Cell No.	
				10e. Fax No.		10f. E-Mail Address	
11. Election Details: If the NLRB cond	lucts an election	in this matter, state you	r position with respect to	11a. Election Type: Manual Mail Mixed Manual			
any such election. 11b. Election Date(s):	<u></u>	1c. Election Time(s):		11d. Election Locat	ion(s):		
06/21/2019		700-1900				ropriate location at CPSC Rockville a	
12a. Full Name of Petitioner (includin Ronald A. Mikell National League of Justice and Security Profess		12b. Address (street and number, city, state, and ZIP code) 305 Mt Zion RD PA Dillsburg 17019-					
12c. Full name of national or internation National League of Justice and Security	al labor organiz Professionals	ation of which Petitioner	is an affiliate or constituen	t (if none, so state)			
			12f. Fax No. 12g. E-Mail President@			íress o.us	
(503) 544-3257 (503) 544-3257 Freshdering Hijsp.us 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding.							
13a. Name and Title 13b. Address (street and number, city, state, and ZIP code)							
			<u> </u>				
13c. Tel No.	13d, Cell	No.	13e. Fax No. 13f. E-Mail Address				
I declare that I have read the above p	etition and tha	t the statements are tru	ue to the best of my know	ledge and belief.			
Name (Print)	Signature		Title		Date		
Ronald A Mikell Ronald A. Mikell			President 06/10/2019 20:42:26			20:42:26	

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE						
Case 5- RC-243058	Date Filed 6/10/19					

Employees Included

All Regular part-time and full time employees of the Employer providing Security Services at the CPSC offices at 5 Research Blvd. in Rockville Md

Employees Excluded

All clerical, confidential, managerial and Supervisory personnel as defined in the National Labor and relations Act (NLRA)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE	IN THIS SPA	ACE	
Case No. 5-AC-243227	Date Filed	6112	119

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer | see attached for addresses 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) S. Tibbetts, COO (VIT, LLC & VIT, Inc.); R. Giesinger, President (HRSA) see attached for addresses 3c Tel No 3d. Cell No. 3f. E-Mail Address 800-446-8098 (S. Tibbe(s): 757-622-2639 (R. Glesinger) N/A N/A (S. Tibbetts); 757-622-2639 (R. Giesinger) tibbetts@vit.org; roger@portofhamptonroads.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Waterfront Terminal **Facility Maintenance** Portsmouth, Norfolk, Newport News and Chesapeake, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: Included: All regular full-time and part-time facility maintenance employees employed by the Employer at its NIT, PMT, 20 VIG & NNMT facilities. 6b. Do a substantial number (30% or more) of the employees in the Excluded: unit wish to be represented by the All other employees, guards and supervisors as defined in the Act. Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) n/a and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address None N/A 8c. Tel No. 8d Cell No. 8e Fax No 8f. E-Mail Address N/A N/A N/A N/A 8g. Affiliation, if any 8h. Date of Recognition or Certification Bi. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A 9. Is there now a strike or picketing at the Employer's establishment(s) involved? No. If so, approximately how many employees are participating? (Name of labor organization) has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10b. Address 10c. Tel. No. 10d. Cell No. N/A N/A 10e. Fax No. 10f. E-Mail Address N/A N/A 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: / Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): As soon as possible, on a week day 6:30 a.m. - 7:30 a.m. Facilities Management Building, 352 Lee Avenue, Portsmouth, VA 23707 12a. Full Name of Petitioner (Including local name and number) 12b. Address (street and number, city, state, and ZIP code) 3300 Princess Anne Road, Norfolk, VA 23502 Local 970, ILA, AFL-CIO 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Longshoremen's Association, AFL-CIO 12d. Tel No. 12e Cell No. 12f Fax No 12g. E-Mail Address 757-855-1402 N/A 757-855-3301 jcoley@ILA970.org 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Brian Esders, Attorney for Local 970 13b. Address (street and number, city, state, and ZIP code) 809 Gleneagles Court, Suite 320, Baltimore, Maryland 21286 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address 410-321-0990 301-792-0955 410-321-1419 besders@abato.com I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Date Shauna Bamaskas Attorney for Local 970 June 12, 2019 CAM BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

Attachment to RC Petition filed By Local 970, ILA, AFL-CIO (VIT, LLC, VIT, Inc. & HRSA, as a single or joint employer)

- 2a. Virginia International Terminals, LLC (VIT, LLC), Virginia International Terminals, Inc. (VIT, Inc.) and the Hampton Roads Shipping Association (HRSA), as a single or joint employer
- 2b. VIT, LLC, 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; VIT, Inc., 101 W. Main Street, Suite 600 World Trade Center, Norfolk, VA 23510; and HRSA, 236 East Plume Street, Norfolk, VA 23510

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
	Date Filed				
Case No. 5-RC-243435	6/17/19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2400 Hermitage RD VA Richmond 23220 Richmond Ambulance Authority 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) 2400 Hermitage RD VA Richmond 23220 Chip Decker 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address cdecker@raaems.org (804) 254-1150 (804) 254-1103 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Ambulance Transportation Richmond, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 107 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: <a> Manual <a> Mail <a> Mixed Manual/Mail any such election. 11b. Election Date(s): July 9th and July 11th 2019 11c. Election Time(s): 11d. Election Loca ion(s): 7am to 10am and 4pm to 6pm both election dates 2400 Hermitage Rd, Richmond VA. 23220 12a. Full Name of Petitioner (including local name and number) 12b. Address (street and number, city, state, and ZIP code) 159 Burgin Parkway MA Quincy 02169-12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state)
National Association of Government Employees (NAGE)/ Service Employees International Union (SEIU) International Association of EMT's and Paramedic 12g. E-Mail Address Jrossi@nage.org 12d. Tel No. 12e, Cell No 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date National Organizer John Rossi 06/17/2019 09:44:16 John Rossi

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE					
Case	Date Filed				

Employees Included

All full time and regular part time EMT's, Paramedics and Field Training Officers that are regular field personal employed by the employer working in and out of the employers location, deployment centers, and stations and operations including but not limited to the following locations: 2400 Hermitage RD. Richmond, VA 23220

Employees Excluded

Office clerical employees all other employees, RN's, including cat RN's, confidential employees dispatchers Mechanics, fleet technicians 1 and 2, couriers, crew chiefs, guards and supervisors as defined by the act, as amended.

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RC PETITION**

DO NOT WRITE IN THIS SPACE						
Case No.	Date Filed					
05-RC-243499	06/18/2019					

							05 100	213177		00,1	
INSTRUCTIONS: Unless e-Filed us employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48)	he petition n named in th	nust be acco ne petition of	mpanied b : (1) the pe	y both a etition; (a sho 2) St	owing of interest (see 6b atement of Position forn	below) and n (Form NLI	l a certificat RB-505); and	e of service sh d (3) Description	nowing s on of Re	ervice on presentation
 PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 											
2a. Name of Employer:			2b. Add	ress(es)) of E	stablishment(s) involved (Street and r	number, City,	State, ZIP cod	le):	
Command Security Corpo	oration					ge Dr Potomac M			,	,	
3a. Employer Representative - Nan	ne and Title:		3b. Add	iress (if	same	as 2b - state same):					
Richard Klein, Prosegur	CSC USA	A VP HR	5121	Hernd	on l	Parkway Suite A I	Herndon	Virginia	20170		
3c. Tel. No. (703) 464-4735	3d. Cell No. (678) 46) 54	13-0631	3f. E-Mail A rklein(a)	comman	dsecurity.c		
4a. Type of Establishment (Factory, I US Postal Service facility		aler, etc.)				Product or Service ty Services		1	d State where a Maryland 20		ated:
5b. Description of Unit Involved:					,			6a. Numbe	r of Employees	in Unit:	
All regular part-time and	full time	Security (Officers	at the	Во	lger Center		4			
Excluded: All clerical ,administrativ	e,manage	erial and a	ill Super	visors	s as	defined in the NL	RA	of the e	ibstantial numb mployees in the nted by the Pe	e unit wis	h to be
Check One: 7a. Request for rec	ognition as B	argaining Re	presentativ	e was m	ade d	on (Date)	and		leclined recogn		
on or about (Date) 7b. Petitioner is cur	rently recogn		f no reply re aining Repr			tate). Indication undication und	der the Act.				
8a. Name of Recognized or Certifie						lress:	***************************************				
N/A				N	I/A						
8c. Tel. No. N/A	8d. Cell No. N/A			8e. Fax N/A			8f. E-Mail Address N/A				
8g. Affiliation, if any:	L			h. Date o			on 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) N/A				/A
N/A Recent Contract, if any (Month, Day, Year) IN/A											
9. Is there now a strike or picketing a	t the Employe	er's establishr	ment(s) invo	olved?]	No	If so, approximate				-	
(Name of Labor Organization) 10. Organizations or individuals other	r than Petition	ner and those	named in i	tems 8 a	and 9				er since (Month		
individuals known to have a repre									o and other eng	garnzauor	is and
10a. Name		10b. Address			-	T	10c. Tel. No		10d. Cell No.		
N/A		N/A					N/A	, l	N/A		
1071	1	14/11				10e. Fax No.		10f. E-Mail Address			
							N/A		N/A		
11. Election Details: If the NLRB con Balloting should be by ma		lection in this	matter, stat	te your p	ositio	on with respect to any suc	h election:	11a. Election		Mixed	l Manual/Mail
11b. Election Date(s):		11c. Election	Time(s):				11d. Electio	n Location(s			
Mail		Mail					Mail				
12a. Full Name of Petitioner (includ	-			_	- 1	12b. Address (street and I					
National League of Justice		-				POB 129 Dover P	•		.5	,	
12c. Full name of national or international League of Justice							ne, so state):				
12d. Tel. No. 503 544-3257	12e. Cell No 503 544			12f. Fa	x No	•	12g. E-Mail				
			of all nan	are for n	ourne	see of the representation		nt@nljsp.	us		
13. Representative of the Petitioner who will accept service of all papers 13a. Name and Title: 13l					s (street and number, city						
Ronald A. Mikell, President				1		Zion RD Dillsburg I					
13c. Tel. No.	13d. Cell No (503) 54			13e. Fa	ax No).	13f. E-Mail Address President@nljsp.us				
I declare that I have read the above			tements a	se true t	tothe	best of my knowledge		()			*
Name (Print)		Signat	ure	//		itte					Date
Ronald A. Mikell			M	~		/// CAT	esident				06/16/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
05-RC-243506	06/19/2019				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 1881 Campus Commons Dr Suite 105 VA Reston 20191-American Security Programs a wholly owned subsidiary of SecrAmerica 3a. Employer Representative – Name and Title 3b. Address (If same as 2b – state same) 1881 Campus Commons Dr Suite 105 VA Reston 20191-Mark Phinney 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (703) 834-8900 mphinney@securamericallc com (703) 898-1723 (703) 834-8947 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service 5a. City and State where unit is located: Security Systems & Services Government Contract Security Lorton, VA 5b. Description of Unit Involved 6a. No. of Employees in Unit: 5 Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) and Employer declined recognition on or about (Date) (If no reply received, so state). 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) If so, approximately how many employees are participating? 9. Is there now a strike or picketing at the Employer's establishment(s) involved? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): 07/01/2019 Mail Mail 12b. Address (street and number, city, state, and ZIP code) 12a. Full Name of Petitioner (including local name and number) 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) 12g. E-Mail Address President@nljsp.us 12d. Tel No. 12e, Cell No. 12f. Fax No. 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) 13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. F-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date President Ronald A. Mikell 06/18/2019 21:47:22 Ronald A Mikell

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
	Date Filed			
5-RC-243506	06/19/2019			

Employees Included

All Regular part-time and full time Security employees engaged to provide Security at DLSA (8308 Cinder Bed Rd Bldg A Lorton Va 22079)

Case

Employees Excluded

All clerical, confidential, managerial and Supervisors as defined in the National Labor Relations Act (NLRA)

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

RC PETITION

DO NOT WRITE IN THIS SPACE				
Case No.	Date Filed			
05-RC-243528	06/19/2019			

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representa ive of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) 2931 Whittington Ave MD Baltimore 21230-3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Steve Glab 3c. Tel. No. 3d. Cell No. 3e. Fax No. 3f. E-Mail Address (410) 525-8644 (410) 368-9170 (310) 300-9161 sglab@acvenviro.com 5a. City and State where unit is located: 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Construction Services Industrial Sevices/Emergency Response Baltimore, MD 5b. Description of Unit Involved 6a. No. of Employees in Unit: R۸ Included: See Attached Page 2 for additional details 6b. Do a substantial number (30% or more) of the employees in he Excluded: See Attached Page 2 for additional details unit wish to be represented by the Petitioner? Yes V No Check One: 7a. Request for recognition as Bargaining Representative was made on (Date) 06/18/2019 and Employer declined recognition on or about (Date) (If no reply received, so state). Yes 7b. Petitioner is curren ly recognized as Bargaining Representative and desires certification under the Act. 8a. Name of Recognized or Certified Bargaining Agent (If none, so state). 8b. Address 8c Tel No 8d Cell No. 8e. Fax No. 8f. E-Mail Address 8q. Affiliation, if any 8h. Date of Recognition or Certification 8i. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) 9. Is there now a strike or picketing at the Employer's establishment(s) involved? If so, approximately how many employees are participating? (Name of labor organization) , has picketed the Employer since (Month, Day, Year) 10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals known to have a representative interest in any employees in the unit described in item 5b above. (If none, so state) 10a. Name 10b. Address 10c. Tel. No. 10d. Cell No. 10e. Fax No. 10f. E-Mail Address 11. Election Details: If the NLRB conducts an election in this matter, state your position with respect to 11a. Election Type: Manual Mail Mail Mixed Manual/Mail any such election. 11b. Election Date(s): 11c. Election Time(s): 11d. Election Loca ion(s): June 26, 2019 4:30 am- 7:00 am and 4:30 pm- 7:00 pm Employee break room located at the employers facility at 2931 Whittingto 12a. Full Name of Petitioner (including local name and number)
Mark Frederick McQuay
International Union of Operating Engineers Local 37 12b. Address (street and number, city, state, and ZIP code) 3615 North Point Blyd Suite A 12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union of Operating Engineers 12g. E-Mail Address mark.mcquay@iuoe37.org 12d. Tel No. 12e, Cell No. 12f. Fax No. (443) 324-4623 (410) 319-9197 13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title 13b. Address (street and number, city, state, and ZIP code) David Gray Wright Attorney Kahn Smith and Collins 201 North Charles Street 10th Floor MD Bal imore 21201-13c. Tel No. 13d. Cell No. 13e. Fax No. 13f. E-Mail Address wright@kahnsmith.com (443) 255-2180 (410) 244-8001 I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Name (Print) Signature Title Date **Business Representative** Mark Frederick McQuay 06/19/2019 10:12:12 Mark Frederick McQuay

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

DO NOT WRITE IN THIS SPACE				
Case	Date Filed			
05-RC-243528	06/19/2019			

Employees Included

All Full time and Part time Working Field Supervisors, Working Foremen, Operators, Driver Trainers, Drivers, Lead Mechanics, Mechanics, Field Techs/C.T's, CHemist, Hydro Excavator Operator/Driver

Employees Excluded

All Professional employees, clerical employees, managerial employees, guards and supervisors as defined in the Act, and all other employees

FORM NLRB-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No.	Date Filed				
05-RC-243656	06/20/2019				

INSTRUCTIONS: Unless e-Filed u employer concerned is located. T the employer and all other parties Case Procedures (Form NLRB 48	he petition mu named in the 12). The showi	st be acco petition o ing of inte	ompanied f: (1) the p rest shoul	by bo etition d only	th a si n; (2) i be fil	howing of interest (s Statement of Position led with the NLRB an	ee 6b below n form (Form nd should no	n NL ot be	d a certifica RB-505); an served on	te of serv d (3) Des the emplo	vice s scrip oyer	showing tion of Re or any of	service on epresentation her party.
 PURPOSE OF THIS PETITION: F bargaining by Petitioner and Petiti requests that the National Labo 	ioner desires to	be certifie	d as repre	sentati	ve of t	the employees. The P	etitioner alle	eges	that the foll	owing ci	ircum	stances	ollective exist and
2a. Name of Employer:			2b. Ac	dress(es) of	Establishment(s) invo	olved (Street	and i	number, City	, State, Z	IP cc	de):	
Action Facilities Management,Inc. 19				0 E S	St N	W, Washington	, DC 204	15					
3a. Employer Representative - Nan	ne and Title:		3b. Ad	dress	(if san	ne as 2b - state same):						
Donald Hill III, Owner						W H141 DC 20037							
3c. Tel. No.	3d. Cell No.		77 44	_	Fax N		3f. E-N	fail A	Address				
202-558-6545	202 434 8	470							ctionfac	ilities.c	com	ı	
4a. Type of Establishment (Factory, r	mine, wholesale	er, etc.)		4b.	Princip	pal Product or Service		(/	5a. City an				cated:
Federal office building				Fa	ciliti	ies Managemen	t		Washing				
5b. Description of Unit Involved:		-							6a. Numbe	er of Empl	loyee	s in Unit:	
Included: All fulltime and regular pa	art-time ma	aintenar	nce emp	oloye	es e	mployed by the	employe	r	6				
Excluded: All clerical employees, all							by the ac	t.		employee	s in th	ber (30% he unit wi etitioner?	sh to be
Check One: X 7a. Request for rec on or about (Date)	ognition as Bar No respo		presentativ If no reply				0-2019	and	d Employer	declined r	ecog	nition	
7b. Petitioner is cur	rently recognize	ed as Barg	aining Rep	resent	ative	and desires certification	on under the	Act.					
8a, Name of Recognized or Certifie						ddress:							
none													
Bc. Tel. No.	8d. Cell No.			8e. I	Fax N	0.	8f. E-N	lail A	ddress				
8g. Affiliation, if any:			h. Dat	e of R	Recognition or Certifica			on Date of Co atract, if any			Year)		
9. Is there now a strike or picketing at	the Employer's	establish	ment(s) inv	olved?	No.	If so, approx	ximately how	man	y employee	s are part	icipa	ting?	
(Name of Labor Organization)									the Employ				<u> </u>
 Organizations or individuals other individuals known to have a repre 										es and oth	er or	ganizatio	ns and
none 10a, Name	140	o. Address					10c. Te	N No		10d. Cel	l No		
iva, Name	101	. Address						10e. Fax No. 10f. E-Mail Ad					
11. Election Details: If the NLRB cor	nducts and elec	tion in this	matter, sta	ite you	r posi	tion with respect to an	y such electi	on:			_ "		
11b. Election Date(s):	144	. Election	Time(s):			1-11-	111d EI	actic	Manua n Location(s		all	∐ IMIXed	d Manual/Mail
7/18/2019		200pm-							ance bre	-	m		
12a. Full Name of Petitioner (includi		-				12b. Address (street							
International Union of Op	-			99		9315 Largo D						rlboro	MD 20774
2c. Full name of national or international Union of Op			which Peti	tioneri	is an a	affiliate or constituent ((if none, so s	tate):					
	12e. Cell No. 202-744-9				Fax N	6-3956	1 -		Address n@iuoelo	ca199	ora		
13. Representative of the Petitioner			of all par							caijj.	OIA		
13a. Name and Title: Keith Graham, Organizer				13b.	Addre	ess (street and number argo Drive West,	r, city, State	and 2	ZIP code):	oro, M	D 2	0774	
	13d. Cell No.	.c.10			Fax N				Address	100			
202-337-0099	202-744-9					6-3956			n@iuoelo	ca199.	org		
declare that I have read the above Name (Print)	petition and t	hat the sta		re tru	e to ti	ne best of my knowle	Title	ief.			—		Date
Keith Graham		Jigilad	Kiest	<u>\</u>	M	m	Organiz	er					6-20-19

FORM NLR8-502 (RC) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RC PETITION

DO NOT WRITE IN THIS SPACE					
Case No. 5 - R.C.	243662	Date Filed	10/19		

INSTRUCTIONS: Unless e-Filed un employer concerned is located. To the employer and all other parties Case Procedures (Form NLRB 48	he petition must named in the pe	be accompanie tition of: (1) the	d by both petition; (a sho (2) St	owing of interest (see atement of Position	e 6b belo form (Fo	ow) and a	a certificate B-505); and	e of service showing s d (3) Description of Re	ervice on presentation
PURPOSE OF THIS PETITION: I bargaining by Petitioner and Petiti requests that the National Laboration	ioner desires to be	certified as repr	esentative	of the	employees. The Pet	itioner al	lleges ti	hat the follo	owing circumstances e	
2a. Name of Employer: Jones Lang LaSalle 2b. Address(es) of Establishment(2020 K Street NW, Wa					, ,	•		•	State, ZIP code):	,
3a. Employer Representative - Nan	ne and Title:	3b. /	Address (if	same	as 2b - state same):					
Sean Smith ,Regional Senior Chief Engineer same										
3c. Tel. No.	3d. Cell No.		3e. Fa	x No.			-Mail Ad			
678-537-1997	678-537-19		1 2 2		1 Designation Consider	sea		th.am.jll		
4a. Type of Establishment (Factory, r Office building	nine, wholesaler,	etc.)		-	Product or Service			Washingt	d State where unit is loc	atea:
5b. Description of Unit Involved:			IVIAII	men	ance				r of Employees in Unit:	
Included:							- 1		o. Linpleyees in onlin	
All fulltime and regular P	art-time emp	loyees enga	ged in b	buid	ling maintenan	ce		4		
Excluded: All clerical employees, al	l managers, a	ıll guards ar	ıd super	rviso	ors as defined b	y the a	- 1	of the e	ibstantial number (30% of mployees in the unit wis nted by the Petitioner?	h to be
Check One: X 7a, Request for rec						0-19	and	Employer d	eclined recognition	
on or about (Date) 7b. Petitioner is cur			y received, epresentati		•	under the	e Act.			
8a. Name of Recognized or Certific	d Bargaining Ag	ent (If none, so s	state) 8b	b. Add	lress:					
none										
8c. Tel. No.	8d. Cell No.		8e. Fa	x No.		8f. E	-Mail Ad	dress		<u> </u>
8g. Affiliation, if any: 8h. Date of Recognition or Certification 8i. Expiration Date of Curren Recent Contract, if any (Mor										
9. Is there now a strike or picketing a	the Employer's e	stablishment(s) i	nvolved? 1	Νo	If so, approxi	mately ho	ow many	employees	are participating?	
(Name of Labor Organization)				140		-	_		er since (Month, Day, Ye	ear)
 Organizations or individuals other individuals known to have a repre 									s and other organization	ns and
none	1					Lia			40.1.0.111	
10a. Name	105.	Address				10c.	10c. Tel. No.		10d, Cell No.	
						10e.	10e. Fax No. 10f. E-Mail Add			
11. Election Details: If the NLRB con				positio	on with respect to any		L	🗙 Manua	I Mail Mixed	Manual/Mail
11b. Election Date(s):		lection Time(s):						Location(s		
7-17-2019		0pm-100pn	<u> </u>				laintenance Break Room			
12a. Full Name of Petitioner (include International Union of Op			1 99		12b. Address (street a 9315 largo Driv				lboro,MD 20774	
12c. Full name of national or internati	onal labor organiz	ation of which P	etitioner is	an af	filiate or constituent (if	none, so	state):			
international Union of Op		neers								
12d. Tel. No. 202-337-0099	12e. Cell No. 202-253-54	40	12f. Fa 240-		-3956	1 -	E-Mail A ifford(cal99.org	
13. Representative of the Petitione	r who will accept	service of all p								
13a. Name and Title: Eamon Clifford, Lead Organ	izer		4		s (street and number, 30 Drive West, U	•		-	774	
13c. Tel. No.	13d. Cell No.		13e. F			13f. E	E-Mail A	ddress		
202-337-0099	202-253-54		<u> </u>		-3956					
I declare that I have read the above Name (Print)	petition and tha	t the statement	s are true	to the		dge and b Title	belief <u>.</u>			Date
Eamon Clifford			a	1	•	Lead (Organ	zier	•	6-20-19

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD R C PETITION

DO NOT WRITE IN THIS SPACE							
Case No. 5 - RC - 243829	Date Filed 6/24/19						

									
INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov, submit an original of this Petition to an NLRB office in the Region									
in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 6b below) and a certificate									
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form									
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed									
with the NLRB and should <u>not</u> be s	erved on the	employer or an	y other	party.					
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.									
2a. Name of Employer 2b. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code)									
American Security Programs 1881 Campus Commons Drive, Suite 105, Reston, VA 20191									
3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) SAME									
3c. Tel. No. 703.834.8900	3d. Cell No.		3e. Fax 703.8	No. 34.8947		3f. E-Mail Ad Rpohland	dress @securamericallc.com		
4a. Type of Establishment (Factory, mine, w Security	holesaler, etc.)	4b. Principal pro Security Serv		rvice		5a. City DC &	and State where unit is located:		
5b. Description of Unit Involved	1 1 1:						6a. No. of Employees in Unit:		
Included: All regular full-time and							6b. Do a substantial number (30%		
duties as defined in Se	ection 9(b)(3) of the Act, e	mpioye	d at Archives	s I and Archives	S II.	or more) of the employees in the		
All office clerical empl	· · · · · · · · · · · · · · · · · · ·						unit wish to be represented by the Petitioner? Yes / No		
					6/7/2019_an	id Employer de	clined recognition on or about		
6/7/2019		(If no reply receive		•	4'6' 4' da 4b				
8a. Name of Recognized or Certified Baro			epresenta	8b. Address	certification under the	ACt.			
International Guards Union of America	,ug r.go (Oak Ridge, TN 378	831			
8c. Tel No.	8d Cell No.		8e. Fax	No.		8f. E-Mail Ad			
877.205.4561 8g. Affiliation, if any	505.470.5847		Sh Data	of Passanities or	Cartification	Lente1127@	Date of Current or Most Recent		
og. Anmation, it any			Contra				ct, if any (Month, Day, Year)		
9. Is there now a strike or picketing at the Ed	nployer's establis	shment(s) involved	? No	If so, approxi	mately how many er	nployees are p	articipating?		
(Name of labor organization)		, has pick	eted the E	Employer since (A	Month, Day, Year)				
10. Organizations or individuals other than F known to have a representative interest in a						resentatives a	nd other organizations and individuals		
10a. Name	10b. Ad	dress	10c, Tel. No.			10d. Cell No.			
					10e. Fax No.		10f. E-Mail Address		
11. Election Details: If the NLRB conducts any such election.	an election in th	is matter, state you	r position	with respect to	11a, Election Type	: 🗸 Manual	Mail Mixed Manual/Mail		
11b. Election Date(s): July 10, 2019		lection Time(s): .M-12:00PM &	4:00PM-6	::00PM	11d. Election Loca On site	tion(s):			
12a. Full Name of Petitioner (including to National Association of Special Police ar	cal name and no nd Security Offi	umber) cers Local 220					city, state, and ZIP code) nington, DC 20002		
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) National Association of Special Police and Security Officers									
2d. Tel No. 12e. Cell No. 12f. Fax No. 12g. E-Mail Address									
	202.487.3438	ica of all nanors fo	301.316		entation proceeding		yaoi.com		
13. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 13a. Name and Title Gaby L. Fraser 13b. Address (street and number, city, state, and ZIP code) 10 G Street, NE Suite 600, Washington, DC 20002									
13c. Tel No.	13d. Cell No. 202.487.3438	all No. 13e, Fax No. 13f, E-Mail Address							
I declare that I have read the above petili		statements are tru	<u> </u>		ledge and belief.		5000111		
	natule /		Title			Date			
Gaby L. Fraser	au VI	<u> </u>	Directo	r, Labor Relation		, j	une 24, 2019		
WILLFUL FALSE STATEMENTS OF THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)									

UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

DO NOT WRITE IN THIS SPACE						
Case No. 5-RC-243990	Date Filed 6 26	19				

RC PE	TITION			5-RC	<u>24399</u>	∂F	.6196119
INSTRUCTIONS: Unless e-Filed us	ing the Agency	's website, <u>w</u>	ww.nlrb				n NLRB office in the Region
in which the employer concerned in	is located. The	petition mus	t be acc	ompanied by l	both a showing o	f interest (se	e 6b below) and a certificate
of service showing service on the employer and all other parties named in the petition of: (1) the petition; (2) Statement of Position form							
(Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed							
with the NLRB and should <u>not</u> be served on the employer or any other party.							
1. PURPOSE OF THIS PETITION: RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act.							
2a. Name of Employer					(s) involved (Street a		
Alutiiq 600 10th Street, Fort Meade, MD 20755							
3a. Employer Representative - Name and Melissa Webb	1 Title				2b - state same) e, Suite 300 Hur	ntsville, AL 3	5806
3c. Tel. No.	3d. Ceil No.		3e. Fa		· [3f. E-Mail Addr	
256-489-9380	<u>l</u>		256-4	89-3315		mwebb@alu	ıtiiq.com
4a. Type of Establishment (Factory, mine, I SECURITY AGENCY		4b. Principal pro SECURITY	duct or s	ervice		15	and State where unit is located: ade, MD
6b. Description of Unit Involved							6a. No. of Employees in Unit:
Included: ALL FULL-TIME AND PAR						F	10 6b. Do a substantial number (30%
GUARD DUTIES AS DEFINED IN SE ALUTIIQ @ 600 10TH ST., FORT ME	EADE, MD 20755	F THE NATIO	NAL LA	BOR RELATION	NS ACT, EMPLOY	EDBY	or more) of the employees in the
Excluded: ALL OFFICE CLERICAL EMPL		IONAL EMPLO	EES AN	n supervisors	AS DEFINED BY TH	FACT	unit wish to be represented by the Petitioner? Yes ✓ No
	cognition as Bargaini						ined recognition on or about
	(Date) (if	no reply receive	d, so stat	^{te).} no			med recognition on or about
					certification under the	Act.	
8a. Name of Recognized or Certified Bar none	gaining Agent (if n	one, so state).		8b. Address			
8c. Tel No.	8d Cell No.		8e. Fa	x No.		8f. E-Mail Addr	ess
						Date of Current or Most Recent by (Month, Day, Year)	
9. Is there now a strike or picketing at the E	mployer's establish	ment(s) involved	? no	If so, approx	imately how many en	nployees are par	ticipating?
(Name of labor organization)		, has pic	keted the	Employer since (f	Month, Day, Year)		·
10. Organizations or individuals other than Petitioner and those named in items 8 and 9, which have claimed recognition as representatives and other organizations and individuals							
known to have a representative interest in a none	iny empioyees in thi	e unit described	in item 51	o above. (Ir none,	so state)		
10a. Name	10b. Addre	ess			10c. Tel. No.		10d, Cell No.
					10e. Fax No.		10f, E-Mail Address
11. Election Details: If the NLRB conducts	s an election in this	matter, state you	ır positior	with respect to	11a. Election Type	Manual	/ Mail Mixed Manual/Mail
any such election.	116 Floo	tion Time(c):					
11b. Election Date(s): 11c. Election Time(s): 11d. Election Location(s): 7/16/19 mail							
12a. Full Name of Petitioner (Including Id International Union, Security, Police and I	Fire Professionals	of America (SP			25510 Kelly Road,		ity, state, and ZIP code) 8066
12c. Full name of national or international labor organization of which Petitioner is an affiliate or constituent (if none, so state) International Union, Security, Police and Fire Professionals of America (SPFPA)							
12d. Tel No. 586-772-7250 X111	12e. Cell No. 586-872-5634		12f. Fa	ax No. 2-9644		12g. E-Mail Ad organize@spfp	
13. Representative of the Petitioner who		of all papers f			entation proceeding		
13a. Name and Title Gordon Greg			13b. A	ddress (street and	f number, city, state,		
13c. Tel No.	13d. Cell No. 13e. Fax No. 13f. E-Mail Address						
313-964-5600 I declare that I have read the above petiti	on and that the sta	atements are tr		4-2125 best of my know	fedge and belief.	Gordon@Unior	icaw.net
	nature	4	Title			Date	
5 5 m	here y	tally		zing Director		6/25/19	

ps Title Organizing Director 6/25/19

WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

Case No. 5-AD- 243003

DO NOT WRITE IN THIS SPACE

Date Filed 6/10/19

INSTRUCTIONS: Unless e-Filed using the Agency's website, | www.nlrb.gov/ |, submit an original of this Petition to an NLRB office in the Region in which the

employer concerned is located. The p the employer and all other parties nam Case Procedures (Form NLRB 4812).	ed in the petition of:(1)	the petition; (2) Sta	tement of Position form	(Form NLRB-505); a	nd (3) Description of Representation		
PURPOSE OF THIS PETITION: RD-D recognized bargaining representative is Labor Relations Board proceed unde	no longer their represent	ative. The Petitioner	r alleges that the followi	ng circumstances ex			
2a. Name of Employer Master Security Company LLC			nt(s) involved (Street and number, city, state, ZIP code) 6609 Medical Center Drive Rockville, MD 20850				
3a. Employer Representative - Name and Major Reginald Septus	Title		ne as 2b - state same)		:.		
3c. Tel. No. 3d. Fax	No.	3e. Cell No.		Address			
240-276-7691				@mastersecurity.u	us .		
4a. Type of Establishment (Factory, mine, s	holesaler, etc.)		4b, Princi	pal product or service			
Security Contractor at Federal Facili	ty		Armed	Protective Security	Services		
5a. Description of Unit Involved Included:					5b. City and State where unit is located:		
All Full-time and Part-time Arm	ed Security Offic	ers Currently a	t National Čancer	Institute Rocky			
	led Security Offic	ers Currently a	it ivational Cancer	mstitute Nocky	iie,		
Excluded:	Managorial Emple	avace and Sur	annicora as defin	ad in the Act	ľ		
All Office Clerical employees,	<u> </u>						
6. No. of Employees in Unit 48	Do a substantial number recognized bargaining			o longer wish to be rep	presented by the certified or currently		
8a. Name of Recognized or Certified Bargai		Apresentation [A]	110	8b. Affiliation, if any			
Governed United Security Pro-	essionals (GUSF	P)			ŀ		
8c. Address			8d. Tel. No.	8e. Cell No.			
5602 Baltimore National Pike Suit	e #607		443-304-2018	443-562-3230			
Baltimore, Maryland 21228			8f. Fax No.	8g. E-Mail Address			
			443-304-2855				
Date of Recognition or Certification		10. Expiration Date October 15, 201	of Current or Most Recei	nt Contract, if any (Mor	nth, Day, Year)		
11a. Is there now a strike or picketing at the	Employer's establishme	nt(s) involved?	es X No 11b. If so	, approximately how m	any employees are participating?		
11c. The Employer has been picketed by or					a labor organization, of		
(Insert Address)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			since	e (Month, Day, Year)		
12. Organizations or individuals other those	named in items 8 and 1	1c, which have daime	ed recognition as represe				
and individuals known to have a represe				. (If none, so state)	12d, Fax No.		
128. Name	. Address		120. 161.	NO.	IZU, FAX NO.		
-			12e. Cell	No.	12f. E-Mail Address		
 Election Details: If the NLRB conducts matter, state your position with respect to 	any such election.			13a. Election Type: Manual Mail Mixed Manual/Mail			
13b. Election Date(s)	13c. Election Ti			tion Location(s)	Contas Ds. Bookvillo, MD 2081		
Wed. 7/3/2019	5am-9am,	2pm-5pm	INC IN	ational Medical	Center Dr. Rockville, MD 208		
14. Full Name of Petitioner							
14a. Address (Street and number, city, state	, ZIP code)		14b. Tel.		14c. Fax No.		
(b) (6), (b) (7)(C)			(b) (6), (t				
			14d. Cell (b) (6), (b		14e, E-Mail Address b) (6), (b) (7)(C)		
14f. Affiliation, if any							
15. Representative of the Petitioner who	will accept service of a	Il papers for purpos	es of the representation	proceeding.			
15a. Name	,		15b.Title		,		
(b) (6), (b) (7)(C) An Individual							
15c. Address (Street and number, city, state	, ZIP code)		15d. Tel.		15e. Fax No. 1		
same As Above			(b) (6), (b				
			15f. Cell (15g. E-Mail Address		
I declared to the second secon			(b) (6), (b		(b) (6), (b) (7)(C)		
I declare that I have read the above petition Name (Print)	Signati (b) (6),	(b) (7)(C)	Title	nu bellet.	Date Filed 4		
(b) (8), (b) (7)(C)	Cignote		An Indi	vidual	06/06/19		

WILLFUL FALSE STATEMENTS ON THIS TEN Y FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD RD PETITION

DO NOT WRITE IN THIS SPACE						
Case No. 5-RD-243045	Date Filed					

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nlrb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The petition must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should <u>not</u> be served on the employer or any other party. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2b. Address(es) of Establishment(s) involved (Street and number, city, state, ZIP code) Motor Truck Equipment Co./ Kenworth of PA 198 Kost Rd Carlisle, Pa 17015 3a. Employer Representative - Name and Title 3b. Address (If same as 2b - state same) Linda Hostetter Same 3c. Tel. No. 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 717-691-2218 717-766-3596 lhostetter@kwofpa.com 4a. Type of Establishment (Factory, mine, wholesaler, etc.) 4b. Principal product or service Repair Facility/Dealership for Kenworth and Thermo King Trucking/Refrigeration Repairs and Parts 5a. Description of Unit Involved 5b. City and State where unit Included: is located: Shop Technicians, Parts Counter, Pats Warehouse, Delivery Drivers, and Janitors Carlisle, Pa Managers, Service Writers, Salesmen, Office Personnel 6. No. of Employees in Unit 45 7. Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? X Yes 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any International Association of Machinists and Aerospace Workers District#98 Local 2058 8c. Address 8d. Tel. No. Se. Cell No. 3200 East Prospect Rd 717-600-1198 York, Pa 17402 81. Fax No. 8g. E-Mail Address 717-600-1988 9. Date of Recognition or Certification 10. Expiration Date of Current or Most Recent Contract, if any (Month, Day, Year) June 1, 2014 June 1, 2019 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes X No 11b. If so, approximately how many employees are participating? 11c. The Employer has been picketed by or on behalf of (Insert Name) a labor organization, of since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations None and individuals known to have a representative interest in any employees in the unit described in item 5 above. (If none, so state) 12a. Name 12b. Address 12c. Tel. No. 12d. Fax No. 12e. Cell No. 12f. E-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election. 13a. Election Type: X Manual Mail Mail Mixed Manual/Mail 13b. Election Date(s) 13c. Election Time(s) 13d. Election Location(s) Around July 12, 2019 To be determined To be determined 14. Full Name of Petitioner (b) (6), (b) (7)(C) 14a. Address (Street and number, city, state, ZIP code) 14b. Tel. No. 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14d. Cell No. 14e. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 14f. Affiliation, if any Employee 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15a, Name 15h Title None 15c. Address (Street and number, city, state, ZIP code) 15d. Tel. No. 15e. Fax No. 15f. Cell No. 15g. E-Mail Address I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. (b) (6), (b) (7)(C) Date Filed (b) (6), (b) (7)(C) **EMENTS** SHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001

FORM NLRB-502 (RD) (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD **RD PETITION**

DO NOT WRITE IN THIS SPACE					
Case No. 5 - RD - 243947	Date Filed 6 19				

INSTRUCTIONS: Unless e-Filed using the Agency's website, www.nirb.gov/, submit an original of this Petition to an NLRB office in the Region in which the employer concerned is located. The pelltion must be accompanied by both a showing of interest (see 7 below) and a certificate of service showing service on the employer and all other parties named in the petition of:(1) the petition; (2) Statement of Position form (Form NLRB-505); and (3) Description of Representation Case Procedures (Form NLRB 4812). The showing of interest should only be filed with the NLRB and should not be served on the employer or any other party. 1. PURPOSE OF THIS PETITION: RD- DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative. The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority pursuant to Section 9 of the National Labor Relations Act. 2a. Name of Employe 2b. Address(es) of Establishmeni(s) involved (Street and number, city, state, ZIP code) Plasticoid Company
3a. Employer Representative - Name and Title 249 w. High st Elkton. 3b. Address (If same 4s 2b - state same) Same 3d. Fax No. 3e. Cell No. 3f. E-Mail Address 41n 398.2803 talinkas@t1 of Establishment (Factory, mine, wholesaler, etc.) workersall production and maintenance is located: 249 w. High St - employees including Truck drivers E ical Professional employees, salesman, E es, guards, foreman, El porladies, supervisors Elkton, Md Do a substantial number (30% or more) of the employees in the unit no longer wish to be represented by the certified or currently recognized bargaining representative? ΥΥες Νο 8a. Name of Recognized or Certified Bargaining Agent 8b. Affiliation, if any 06967-05 1939 Honergo BWd, Suste 113 Bo. E-Mail Address Baltimore, Md 21236 teruduxQusw.org 9. Date of Recognition or Certification Contract, if any (Mor 1985 11b. If so, approximately how many employees are participating? 11a. Is there now a strike or picketing at the Employer's establishment(s) involved? Yes Yes a labor organization, of 11c. The Employer has been picketed by or on behalf of (Insert Name) (Insert Address) since (Month, Day, Year) 12. Organizations or individuals other those named in items 8 and 11c, which have claimed recognition as representatives and other organizations NONE and individuals known to have a representative interest in any employees in the unit described in Item 5 above. (If none, so state)

Name

12c. Tel. No. 12a, Name 12d. Fax No. 12e. Cell No. 12f. E-Mail Address Election Details: If the NLRB conducts an election in this matter, state your position with respect to any such election 13a. Election Type: Manual Mail Mixed Manual/Mail 13c. Election Time(s) 13d, Election Location(s) 13b. Election Date(s) Elkton, md 21921 12019 14c. Fax No. (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) 174e, E-Mail Address (b) (6), (b) (7)(C) 14f, Affiliation, if any 15. Representative of the Petitioner who will accept service of all papers for purposes of the representation proceeding. 15b.Title (b) (6), (b) (7)(C) 15d, Tel. No. 15e. Fax No. P code (b) (6), (b) (7)(C) 15g. E-Mail Address (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief. Date Filed (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) WILLFUL FALSE STATEMENTS ON THIS PETITION CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SEC

PRIVACY ACT STATEMENT